

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-070,063 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2		/					52		
3		/					53		
4		21					54		
5		14					55		
6		01					56		
7		10					57		
8		01					58		
9		10					59		
10		01					60		
11		10					61		
12		01					62		
13		10					63		
14		01					64		
15		10					65		
16		01					66		
17							67		
18							68		
19							69		
20							70		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	/						TOTAL IND.		
TOTAL DEP.	15						TOTAL DEP.		
TOTAL CLAIMS	16						TOTAL CLAIMS		